

Application for Training  
WINTER Workshops 2004 (Conference # 3532 )  
Childcare Series – KING COUNTY

☆☆☆  
**STARS Training ID #** \_\_\_\_\_

Name \_\_\_\_\_ Phones: Hm(\_\_\_\_) \_\_\_\_\_ Wk(\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ E-mail \_\_\_\_\_ FAX \_\_\_\_\_  
Your Position/Title \_\_\_\_\_ # years in childcare \_\_\_\_\_ # years in current job \_\_\_\_\_

**Check each workshop you want to take:**

**Saturday Morning Workshops - 9:00am – 12:30 pm**

____ Workshop A	Challenging Behavior	Jan 24
____ Workshop B	Child's Play	Feb 7
____ Workshop C	Toddlers	Mar 20
____ Workshop D	School Age Programs	Apr 24
____ Workshop E	Creative Discipline	May 22

**Please chose a payment method for the appropriate amount:** Each workshop is \$35.00, 2 workshops are \$70.00, 3 workshops are \$90.00, 4 are \$125.00 and all 5 are \$160. A discount of \$15.00 is given when one person registers for 3 workshops at one time.

I want to register for the following workshops      **A B C D E**      **total owed** \$ \_\_\_\_\_  
(circle choices)

☐ **I am enclosing a check,** payable to "WSU," in the amount of \$ \_\_\_\_\_

☐ **Charge my** \_\_\_\_\_ **VISA** \_\_\_\_\_ **MasterCard #** \_\_\_\_\_ **Expiration** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Total Charge** \$ \_\_\_\_\_ **Name on Card** \_\_\_\_\_ **Signature** \_\_\_\_\_

I understand that I will receive a certificate of completion only if I attend the session on time and stay for the full session. Certificates are NOT given for partial attendance and that I must have a STARS PROVIDER NUMBER for the STARS System to count this class in my training requirements. I also understand that I will not receive a written confirmation of registration. I should call Denise at 509-335-2954 if I have questions about my registration status.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail application form and payment to: Childcare Training **KING – 3532**  
WSU CAHE-Cashier  
PO Box 646247  
Pullman WA 99164-6247

Persons with a disability requiring special accommodation while participating in this conference may call T. Diane at (206) 205-3125. If accommodation is not requested at least two weeks in advance, we cannot guarantee availability of accommodation on site. Refund/Cancellation Policy: Cancellations can be made until five days before the specific workshop for which you have registered. The registration fee. Less \$5 will be refunded if you cancel 10 days early. No refunds will be made for cancellations after that time. There is a late fee of \$5 for registrations postmarked less than one week prior to the workshop. **Substituting one class for another is not allowed without prior approval (425) 357-6012. Only registered persons may attend classes, one person may not take another's place.** Space is limited.

Cooperating Agencies: Washington State University, U.S. Dept. of Agriculture, King and Snohomish counties. Cooperative Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Cooperative Extension office.

NOTE: *If you are applying for a Voucher from STARS for this training,*  
*You MUST write "WSU – KING COUNTY" on the STARS application*  
**Remember: BRING YOUR STARS PROVIDER NUMBER TO CLASS.**